

Work Order ID 92079

October-22-12 3:20:07 PM

\*92079\*

Page 1

Item ID: 647.1818

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Nose Door Spacer

Stop

\*NS2\*

Start Date: 22/10/2012 Start Qty: 6.00

\*6\*

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

\*6\*

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 12-10-22 Tooling:

Date:

Run Start

\*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								

647.1800	N/C	0.00							
110									

\*110\*

Waterjet

FLOW CNC Waterjet

2024 . 190

Memo

0.00

6 0 Jm 12-10-1

1-Cut as per Dwg

Dwg Rev: N/C

Prog Rev: N/C

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

\*120\*

QC

Quality Control

Memo

0.00

6 0 Jm 12-11-1

NCR: Yes / No

DQA: Date:

## **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: Date:

**Work Order ID 92079**

October-22-12 3:20:07 PM

**Item ID:** 647.1818

Accept

**Revision ID:**

**Item Name:** Nose Door Spacer

**Start Date:** 22/10/2012 **Start Qty:** 6.00

\*6\*

**Required Date:** 05/11/2012 **Req'd Qty:** 6.00

\*6\*

**Reference:**

**Approvals:** Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

\*NR2\*

**Sequence ID/  
Work Center ID**  
130

**Operation  
Description**  
QC8- Inspect parts - second check

**Set Up/  
Run Hours**  
0.00

**Tool ID**

**Tool #**

**Plan  
Code**

**Accept  
Qty**

**Reject  
Qty**

**Reject  
Number**

**Insp.  
Stamp**

\*130\*

QC

Quality Control

Memo

DAS  
15  
8-8  
12/11/02

6

140

\*140\*

Small Fab

Small Fab

Memo

0.00

0.00

6

SJ  
12/11/13

150

\*150\*

QC

Quality Control

Memo

0.00

DAS  
15  
8-8  
12/11/03

6

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

**Work Order ID 92079**

October-22-12 3:20:07 PM

**\*92079\***

Page 3

**Item ID:** 647.1818

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

**Revision ID:**

**Item Name:** Nose Door Spacer

Stop

**\*NS2\***

**Start Date:** 22/10/2012 **Start Qty:** 6.00

**\*6\***

**Cust Item ID:**

**Required Date:** 05/11/2012 **Req'd Qty:** 6.00

**\*6\***

**Customer:**

**Reference:**

<b>Approvals:</b>	<b>Process Plan:</b>	<b>Date:</b>	<b>Tooling:</b>	<b>Date:</b>	<b>Run</b>	<b>Start</b>	<b>*NR1*</b>
						Stop	<b>*NR2*</b>

<b>QC:</b>	<b>Date:</b>	<b>SPC (Y/N):</b>	<b>Date:</b>
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<b>Sequence ID/ Work Center ID</b>	<b>Operation Description</b>	<b>Set Up/ Run Hours</b>	<b>Tool ID</b>	<b>Tool #</b>	<b>Plan Code</b>	<b>Accept Qty</b>	<b>Reject Qty</b>	<b>Reject Number</b>	<b>Insp. Stamp</b>
160	Outsource process-Anodize per QSI017 4.1.10.1	0.00							

**\*160\***

Outsource4

Outsource process - Anodize

**Memo**  
ISSUE P/O: 18506  
HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

170	Receive & Inspect for Damage & Mat'l Certs	0.00	<i>P/12-11-26</i>
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**\*170\***

Packaging

Packaging

**Memo**

180	QC5- Inspect part completeness to step on W/O	0.00	<i>R/12/18 (6)</i>
-----	---	------	--------------------

**\*180\***

QC

Quality Control

**Memo**

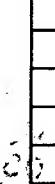
*6*  
DAS  
05.12.23

NCR: Yes / No

DQA: Date: .

## **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
 Landing Gear <ul style="list-style-type: none"> <li><input type="checkbox"/> Bending</li> <li><input type="checkbox"/> Centre Not Concentric to O/S</li> <li><input type="checkbox"/> Cracks</li> <li><input type="checkbox"/> Crushed/Crimped.</li> <li><input type="checkbox"/> Cuffs</li> <li><input type="checkbox"/> Heat Treat</li> <li><input type="checkbox"/> Inspection Strip in Tube</li> <li><input type="checkbox"/> Ripples in Bend</li> <li><input type="checkbox"/> Torque Waves in Extrusion</li> <li><input type="checkbox"/> Turning Sequence</li> <li><input type="checkbox"/> Wave/Twist in Tube</li> </ul>				<b>General</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bend</li> <li><input type="checkbox"/> BOM/Route</li> <li><input type="checkbox"/> Broken/Damaged</li> <li><input type="checkbox"/> Burrs</li> <li><input type="checkbox"/> Contamination</li> <li><input type="checkbox"/> Countersink</li> <li><input type="checkbox"/> Cut Too Short</li> <li><input type="checkbox"/> Drill Holes</li> <li><input type="checkbox"/> Drawing</li> <li><input type="checkbox"/> Finish</li> <li><input type="checkbox"/> Folio</li> <li><input type="checkbox"/> Grain</li> <li><input type="checkbox"/> Hardware</li> <li><input type="checkbox"/> Inspection Incomplete</li> <li><input type="checkbox"/> Instructions Incomplete/Unclear</li> <li><input type="checkbox"/> Maintenance</li> <li><input type="checkbox"/> Mislabeled</li> <li><input type="checkbox"/> Misread</li> <li><input type="checkbox"/> Offset</li> <li><input type="checkbox"/> Out of Calibration</li> <li><input type="checkbox"/> Out of Sequence</li> <li><input type="checkbox"/> Outside Dimensions</li> </ul>							
				<ul style="list-style-type: none"> <li><input type="checkbox"/> Ovalized</li> <li><input type="checkbox"/> Over/Under tolerance</li> <li><input type="checkbox"/> Part Incorrect</li> <li><input type="checkbox"/> Part Lost/Missing</li> <li><input type="checkbox"/> Part Moved</li> <li><input type="checkbox"/> Positioned Wrong</li> <li><input type="checkbox"/> Power Loss/Surge</li> <li><input type="checkbox"/> Other</li> </ul>							

**Work Order ID 92079**

October-22-12 3:20:07 PM

**\*92079\***

Page 4

**Item ID:** 647.1818

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

**Revision ID:**

**Item Name:** Nose Door Spacer

Stop

**\*NS2\***

**Start Date:** 22/10/2012 **Start Qty:** 6.00

**\*6\***

**Cust Item ID:**

**Required Date:** 05/11/2012 **Req'd Qty:** 6.00

**\*6\***

**Customer:**

**Reference:**

<b>Approvals:</b>	<b>Process Plan:</b>	<b>Date:</b>	<b>Tooling:</b>	<b>Date:</b>	<b>Run</b>	<b>Start</b>	<b>*NR1*</b>
	<b>QC:</b>	<b>Date:</b>	<b>SPC (Y/N):</b>	<b>Date:</b>		<b>Stop</b>	<b>*NR2*</b>

<b>Sequence ID/ Work Center ID</b>	<b>Operation Description</b>	<b>Set Up/ Run Hours</b>	<b>Tool ID</b>	<b>Tool #</b>	<b>Plan Code</b>	<b>Accept Qty</b>	<b>Reject Qty</b>	<b>Reject Number</b>	<b>Insp. Stamp</b>
190		0.00							

**\*190\***

SprayPaint

Spray Painting

Memo

0.00

6 0 0 12-12-31

PRIME IAW MIL-P-23377J TYPEI CLASS N AS PER DWG. (SEE NOTE 2)

CARDINAL 4860-50 PRIMER BATCH: 123693

200	QC14- Inspect Spray Paint	0.00
-----	---------------------------	------

**\*200\***

QC

Quality Control

Memo

0.00

6 DAS 05 13-01-05

210	Identify as per dwg & Stock Location <u>139C</u>	0.00
-----	--	------

**\*210\***

Packaging

Packaging

Memo

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

1413019-C

NCR: Yes / No

DQA: Date: -

## **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Bend	General			Grain	Ovalized	Pressure/Forced	
Centre Not Concentric to O/S				BOM/Route				Hardware	Over/Under tolerance	Temperature/Cure	
Cracks				Broken/Damaged				Inspection Incomplete	Part Incorrect	Weld	
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled	
Cuffs				Contamination				Maintenance	Part Moved		
Heat Treat				Countersink				Mislabeled	Positioned Wrong		
Inspection Strip in Tube				Cut Too Short				Misread	Power Loss/Surge		
Ripples in Bend				Drill Holes				Offset			
Torque Waves in Extrusion				Drawing				Out of Calibration			
Turning Sequence				Finish				Out of Sequence			
Wave/Twist in Tube				Folio				Outside Dimensions			

**Work Order ID 92079**

October-22-12 3:20:07 PM

**\*92079\***

Page 5

Item ID: 647.1818

Accept

Revision ID:

Item Name: Nose Door Spacer

Start Date: 22/10/2012 Start Qty: 6.00

**\*6\***

Required Date: 05/11/2012 Req'd Qty: 6.00

**\*6\*****\*N900040100\***

Setup

Start

**\*NS1\***

Stop

**\*NS2\***

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	<b>*NR1*</b>
						Stop	<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220 <b>*220*</b> QC Quality Control	QC21- Final Inspection - Work Order Release	0.00						13/1/10	40
	Memo	0.00							

NR  
13-01-09

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data <input type="checkbox"/>	Equip/Tooling <input type="checkbox"/>										
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear				General							
Bending <input type="checkbox"/>		Bend <input type="checkbox"/>		Grain <input type="checkbox"/>		Ovalized <input type="checkbox"/>		Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S <input type="checkbox"/>		BOM/Route <input type="checkbox"/>		Hardware <input type="checkbox"/>		Over/Under tolerance <input type="checkbox"/>		Temperature/Cure <input type="checkbox"/>			
Cracks <input type="checkbox"/>		Broken/Damaged <input type="checkbox"/>		Inspection Incomplete <input type="checkbox"/>		Part Incorrect <input type="checkbox"/>		Weld <input type="checkbox"/>			
Crushed/Crimped. <input type="checkbox"/>		Burrs <input type="checkbox"/>		Instructions Incomplete/Unclear <input type="checkbox"/>		Part Lost/Missing <input type="checkbox"/>		Wrong Stock Pulled <input type="checkbox"/>			
Cuffs <input type="checkbox"/>		Contamination <input type="checkbox"/>		Maintenance <input type="checkbox"/>		Part Moved <input type="checkbox"/>					
Heat Treat <input type="checkbox"/>		Countersink <input type="checkbox"/>		Mislabeled <input type="checkbox"/>		Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube <input type="checkbox"/>		Cut Too Short <input type="checkbox"/>		Misread <input type="checkbox"/>		Power Loss/Surge <input type="checkbox"/>		Other <input type="checkbox"/>			
Ripples in Bend <input type="checkbox"/>		Drill Holes <input type="checkbox"/>		Offset <input type="checkbox"/>							
Torque Waves in Extrusion <input type="checkbox"/>		Drawing <input type="checkbox"/>		Out of Calibration <input type="checkbox"/>							
Turning Sequence <input type="checkbox"/>		Finish <input type="checkbox"/>		Out of Sequence <input type="checkbox"/>							
Wave/Twist in Tube <input type="checkbox"/>		Folio <input type="checkbox"/>		Outside Dimensions <input type="checkbox"/>							

**Picklist Print**

October-22-12 3:20:12 PM

Page 1

Work Order ID: 92079

**\*92079\***  
**\*647 1818\***

Parent Item: 647.1818

Parent Item Name: Nose Door Spacer

Start Date: 22/10/2012

Required Date: 05/11/2012

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S0.190		Purchased	No			110	sf	48.0000	0.057	0.36	0.4		

**\*M2024T3S0 190\***

2024-T3 .190 sheet

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT019	48	
123305	48	123305

Jm 12-11-1

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS							
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other					
Part No. _____		NCR No. _____										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input type="checkbox"/> Other

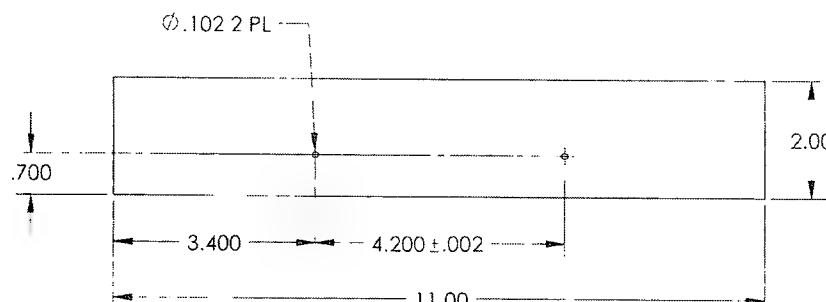
## NOTES.

- 1 MATERIAL: ALUMINUM 2024-T3 PER AMS QQ-A-250/4  
 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE I.  
 CLASS 2, COLOR BLACK:  
 CARDINAL 4860-S0 PRETREATMENT PRIMER  
 PRIME IAW MIL-P-233//J TYPE 1 CLASS N  
 3. DEBURR AND BREAK ALL SHARP EDGES  
 4. IDENTIFY IAW MPP-120

8  
 DRAFTS  
 ENGINEER  
 UNCONTROLLABLE  
 SUBJECT TO CHANGE  
 WITHDRAWN

WORK ORDER  
 NO. 92079 ML5  
12-10-22

B



647.1810

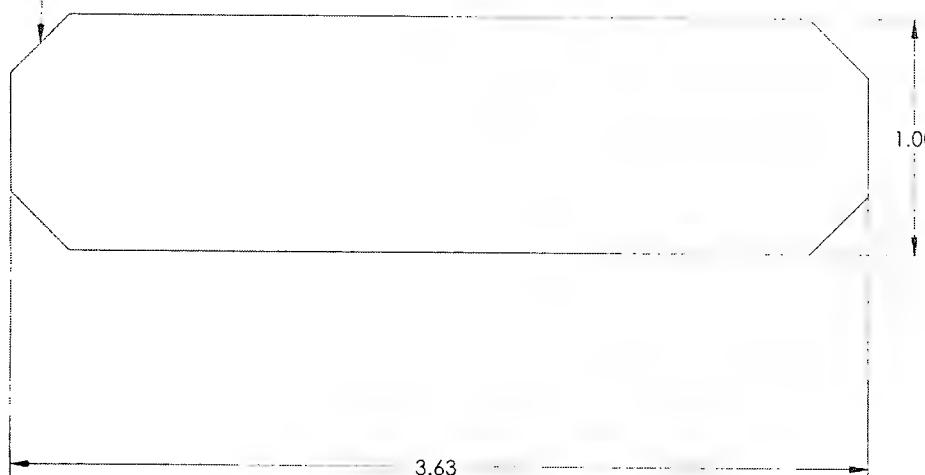
C

FND #	PART #	DESCRIPTION	MATL	SPEC.
	647.1818	NOSE DOOR SPACER		
	647.1817	SUPPORT RH		
	647.1816	SUPPORT LH		
	647.1815	GUSSET RH		
	647.1814	GUSSET LH		
	647.1813	ANGLE		
	647.1812	SHIM		
	647.1811	SPACER		
	647.1810	NOSE DOOR DOUBLER		
PARTS LIST				
NEXT ASSY(S)	OPIC DATE JUN-08-2014 647.1300	CREATOR GLENISTER SPC DATE JUN-08-2014 COMPTD BY	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 <i>20</i>	REV. N/C 647.1800 SCALE: NONE SHEET 1 OF 2
L. REQS. OTHERS ARE SPECIFIED 1. THIS DRAWING IS FOR INFORMATIONAL PURPOSES ONLY 2. PLACE BOMBA S 131 3. SIGNATURES 1313 4. HANDBL 1313	DATE CODE: JUN-17 E 07M0 AUG-17			

D

9207A

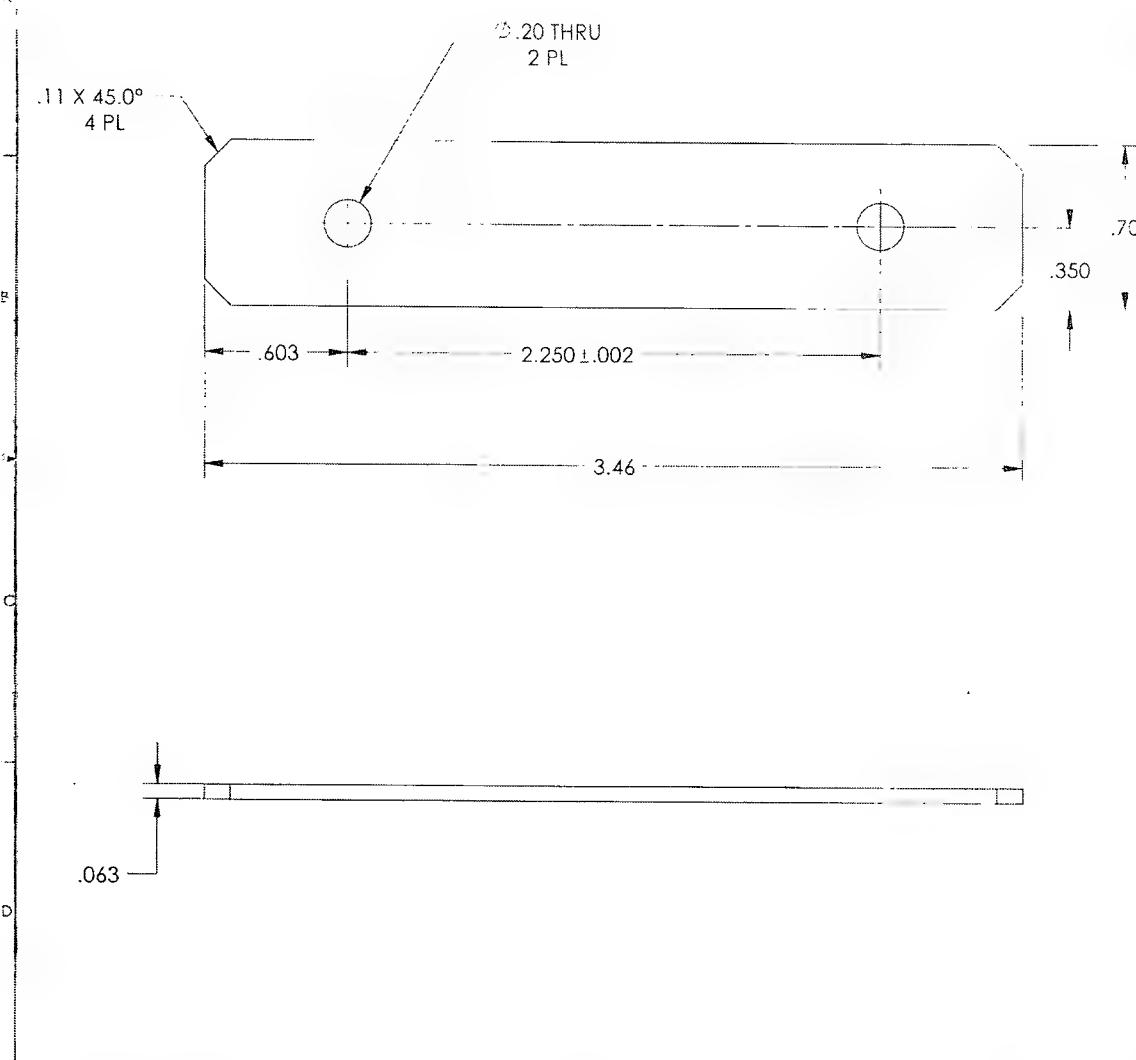
.25 X 45.0°  
4 PL



647.1811

DATE	APRIL 16, 2006
DESIGNER	SCHEIDER
REVIEWED	CHI YUH HSIAO
DRAWN BY	SCHEIDER
APPROVAL	E. BANIS
PRINTING	SCHEIDER
UNLESS OTHERWISE SPECIFIED	
DIMENSIONS IN INCHES	
EXCEPT AS NOTED	
SPECIFICATIONS	
SHEET METAL	
REV	N/C
PCB	647.1800
DOC NO.	8-07M&6
SCALE	NONE
SHEET	2 OF 2

92079

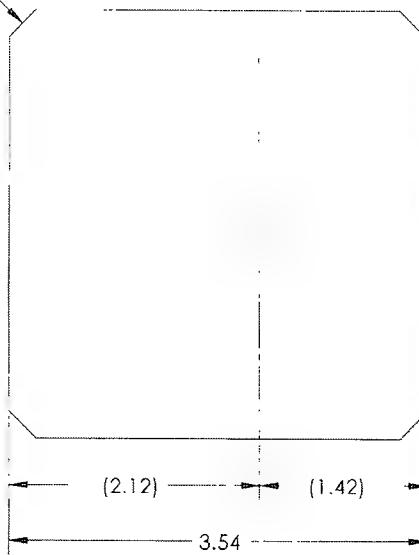


647.1812

DRAWING DATE 10/04/01	DESIGNER J. CARPENTER	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300
P. BURKE C. HANSON K. HIBBETT	SCALE 1:1	SHEETMETAL
ZINC-CHROME PLATED TEMPERATURE FLASHING STAIN 2 PLATE DOWEL HOLE ± .01 TYPE I STAINLESS 18-8 .015" ID	REVISION B 07M16	Dwg. No 647.1800 REV N/C
	SCALE NONE	1 SHEET 3 OF 7

$$.23 \times 45.0^\circ =$$

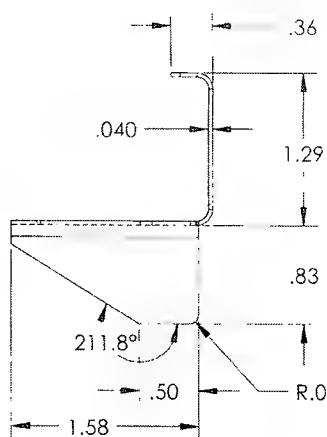
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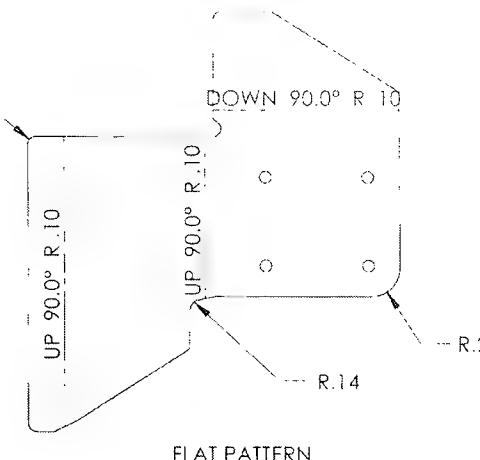
FLAT PATTERN

CHUCK HALL DATE 12-10-01	JOHN BOLGER DRIVERS 1241 LANE P/B AVCO	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR OCEANSIDE, CA 92056-3512 (760)724-5303
CHUCK HALL C/N# 44498 VAL P/B AVCO 1241 LANE CONTRACTING		SHEETMETAL
JUL 8 2002 PREPARED BY: J. BOLGER - C-101 C/O CHUCK HALL C/O JOHN BOLGER - 1241 LANE OCEANSIDE, CA 92056 44498		REC'D. DATE 6/17/02 TIME 07:45 AM JOB NO. 647.1800 PEV N/C
SCALE: NONE		SHEET 4 OF 7

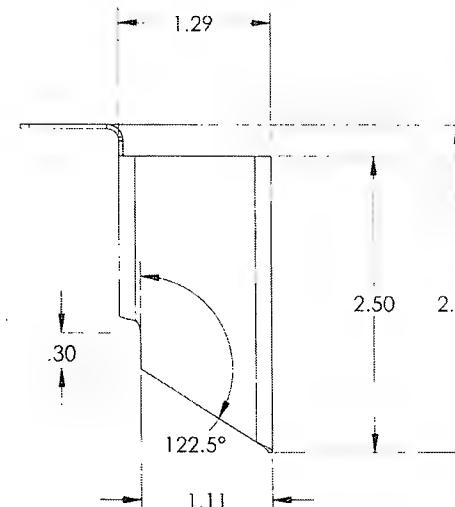
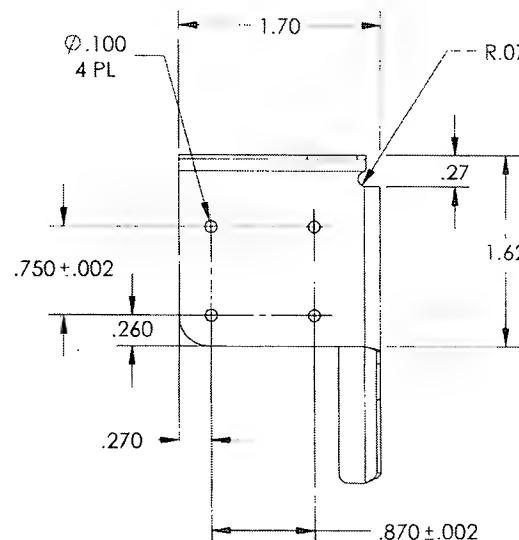
92070



R.08  
3 P

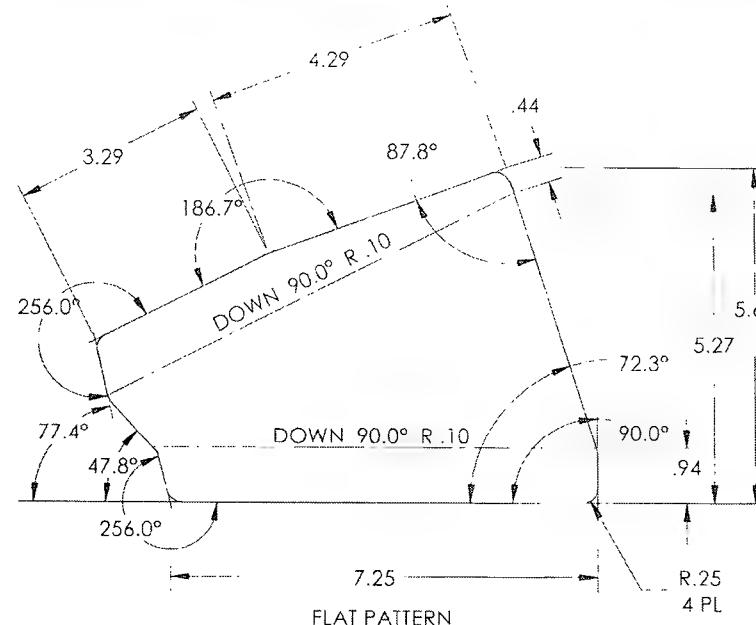
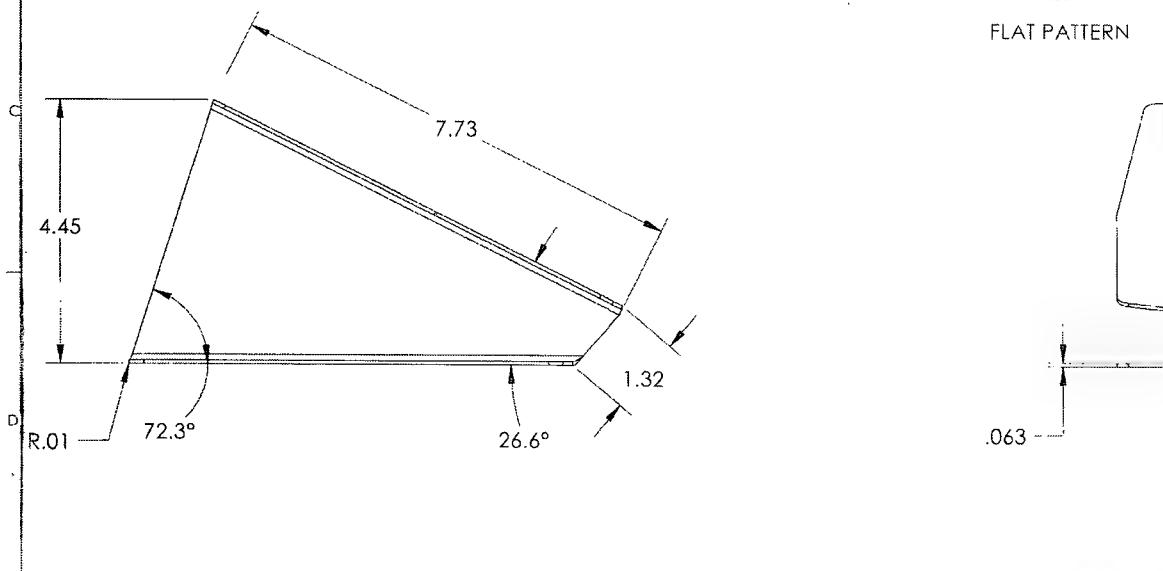


647.1814 SHOWN  
647.1815 OPPOSITE



CHORNAL L.E. LTD. INC. P.O. BOX 100 1545 MURRAY ST. DALLAS, TX 75201 COMPANY NO.		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300	
SHEETMETAL			
14 GA. CORRUGATED IRON DIMENSIONS: 36" X 14' 6" PLATE FEET: 540 ft. PLATE WT.: 100 lbs. PLATE THICK.: 1/16"		SHEET METAL CODE: B DATE: 3/16/04 DMG. NO.: 647,1800 SPECIAL: NONE	
		 PEV 5 OF 7	

92W79

647.1816 SHOWN  
647.1817 OPPOSITE

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512 (760)724-5300
SHEETMETAL
DATE: 10/10/04 DND: 10/10/04 LSD: 10/10/04 REC'D: 10/10/04 LIC# JAMES P NAVIG DRAWING APPROVAL ENGR: JO CRAFTSMAN: C COMPT'L: C NOTES: 1. REVERSE SIDE BEF 2. SHEET METAL - T-12 3. TAPER 1/4" X 12" IN 4. 1/4" FOLD BACKS 1/2" 5. 1/4" FOLD BACKS 1/2"
FILE NUMBER: 647.1800 DND NO: B 10/10/04 647.1800 H/C
SCALE: NONE SHEET 6 OF 7

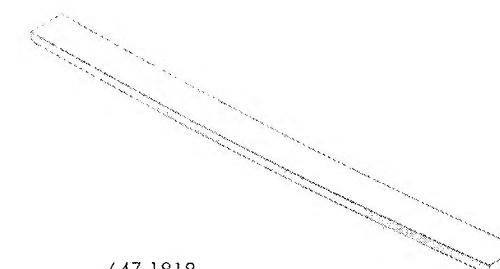
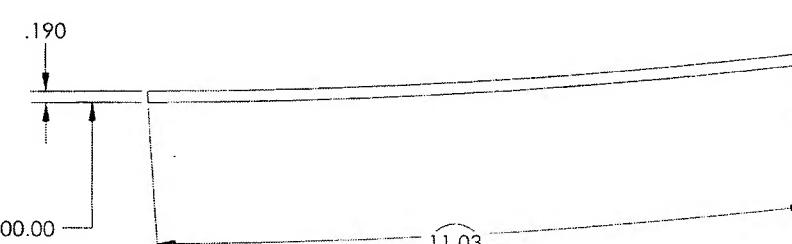
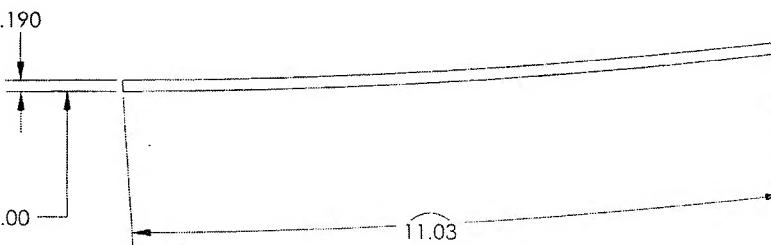
2  
3  
4  
5  
6  
7

THE DRAWING IS FOR INFORMATION ONLY AND IS NOT TO BE USED FOR CONSTRUCTION.  
ALL DIMENSIONS ARE IN INCHES. UNLESS OTHERWISE STATED,  
THE CENTER LINE OF THE DRAWING IS THE MIDDLE LINE.

92079



647.1818



ORIGINAL DATE	REVISION DATE
MANUFACTURER	DISPATCH
DESIGNER	APPROVING
GRADE SP	P 6500
DRAWING APPROVAL	
P 6500	
DATE	
CONTRACT NO.	
GENERAL NOTES	
1. THIS DRAWING IS FOR INFORMATION ONLY 2. UNLESS OTHERWISE STATED, 3. PLACE SIGNATURES & STAMPS 4. THIS DRAWING IS FOR INFORMATION ONLY 5. THIS DRAWING IS FOR INFORMATION ONLY	
DATE	REV
E&G CODE	DATE
B	6/26/00
SCALE	SCALED
7 OF 7	N/C

APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA 92056-3512 (760)724-5300

SHEETMETAL

647.1800

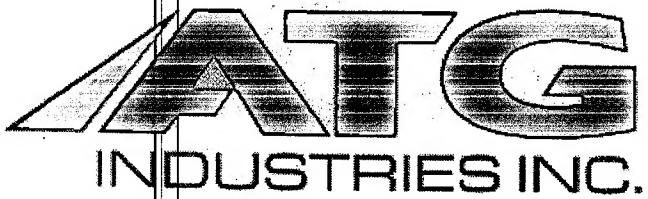
DART AEROSPACE LTD	Work Order:	92079
Description: Nose Onr Spacer	Part Number:	647-1818
Inspection Dwg: 647-1800 Rev: N/C		Page 1 of 1

# **FIRST ARTICLE INSPECTION CHECKLIST**

Measured by:	Jm	Audited by:	<i>DAS</i> 15 0-00	Preliminary Approval:	
Date:	12.11.1	Date:	10/11/09	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST  8 PCS 647.1610 5 PCS 647.1612 2 PCS 647.1713 6 PCS 647.1811 1 PC 647.1816 1 PC 647.1847 6 PCS 647.1818 → 6 11 PCS 646.3210 20 PCS 646.3313 10 PCS 646.3717 20 PCS 646.3717 16 PCS 647.4610 10 PCS 649.4811 10 PCS 649.4812 24 PCS 649.4814 30 PCS 649.4815 6 PCS 647.7913 3 PCS 647.7919 10 PCS 647.9010 10 PCS 647.9011 15 PCS 647.9012 40 PCS 647.9013 60 PCS 646.9710  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120768 PO: PO18506 Line:
	Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED  
ATG SALES-2010 TERMS APPLY

DATE: 12/12/12



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Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	CERTIFIED SIGNATURE : <u>Mr</u> RECEIVER SIGNATURE : <u>R. Dyer</u>